



Office of Substance Abuse and Mental Health Services

Adult Mental Health Services Provider Listing Form

ADD NEW Agency / Location Information

This form is to be used to add a new agency, or an agency's new location, to the adult mental health services provider contact list. Fill in all available information into the fields below. When completed, return the form to Julia Mason at julia.mason@maine.gov. If you have questions, please contact Julia at 207-287-6667.

Agency and Location: ***This form must be completed for each agency location.***

Agency: _____
Person Submitting Form:
 Name: _____
 Title: _____
 Phone: _____
 E-mail: _____
 Date of Submission: _____
Exec Dir. Name: _____
Exec Dir. E-mail: _____
Clinical Dir. Name: _____
Clinical Dir. E-mail: _____

Agency / Location Information

Agency Name: _____
Location Name (*if applicable*): _____
Street Address: _____
City: _____ Zip: _____
Phone: _____ Fax: _____
TTY: _____
Internet URL: _____
County: _____

Services Provided:

Check off the box(es) for the service(s) that your agency/location provides:

- ☐ Assertive Community Treatment
- ☐Behavioral Health Home
- ☐ Community Integration Services
- ☐Community Rehabilitation Services
- ☐Crisis Services
- ☐Crisis Stabilization in Home
- ☐Crisis Stabilization Mobile Response
- ☐Crisis Stabilization Residential Facility
- ☐Daily Living Support
- ☐Diagnosis and Evaluation
- ☐Individual and Group Counseling
- ☐Inpatient
- ☐Psychiatric Medication Services
- ☐Medication Assisted Treatment
- ☐Nursing Homes
- ☐Residential Treatment
- ☐Recreation, Social and Leisure
- ☐Rental Subsidies
- ☐Skills Development Services
- ☐Social Clubs and Drop-in Centers
- ☐Specialized Group Services
- ☐Supported Employment
- ☐Supported Housing
- ☐Warm Lines
- ☐Wraparound and Flexible Funds

Counties Serviced:

Check off the box(es) for the counties in which your agency/location provides services:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Androscoggin | <input type="checkbox"/> Oxford |
| <input type="checkbox"/> Aroostook | <input type="checkbox"/> Penobscot |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Piscataquis |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Sagadahoc |
| <input type="checkbox"/> Hancock | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Kennebec | <input type="checkbox"/> Waldo |
| <input type="checkbox"/> Knox | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Lincoln | <input type="checkbox"/> York |

Please complete this form and return it to Julia Mason at julia.mason@maine.gov or

DHHS/SAMHS, SHS 11, 41 Anthony Ave., Augusta, ME 04333-0011

For questions or information, please contact Julia Mason at 207-287-6667

Ver. 6/4/14